



102003

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PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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P.O. Box 1450  
Alexandria, VA 22313-1450

Attorney Docket No.

First Named Inventor

REY ZABAT MENDOZA

Original Patent Number

6,481,591 B2

Original Patent Issue Date  
(Month/Day/Year)

NOV. 19, 2002

Express Mail Label No.

## APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

## APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☐ Specification and Claims in double column copy of patent format  
(amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. ☒ Original U.S. Patent currently assigned? ☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☒ Written Consent of all Assignees (PTO/SB/53)  
☐ 37 C.F.R. 3.73(b) Statement  
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)  
or large table
9. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all  
changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original Patent Grant  
☐ Ribboned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS  
Citations
14. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
15. ☒ Preliminary Amendment
16. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. Other: \_\_\_\_\_

## 18. CORRESPONDENCE ADDRESS



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Date

10/8/03

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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The PTO did not receive the following listed item(s) spec, claim and Abstract

10/688869



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| <b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>   |  |  |   |                                   |              |                           | Docket Number (Optional)  |          |
|---|--|--|---|-----------------------------------|--------------|---------------------------|---------------------------|----------|
| <b>Claims as Filed – Part 1</b>   |  |  |   |                                   |              |                           |                           |          |
|   | (1)<br>Claims<br>in<br>Patent              | (2)<br>Number Filed in<br>Reissue<br>Application | (3)<br>Number Extra                             | Small Entity                      |              | Other than a Small Entity |                           |          |
|   |  |  |   | Rate                              | Fee          |                           | Rate                      | Fee      |
| Total Claims<br>(37 CFR 1.16(j))  | (A)  | (B)  | **** =  | x \$ _____ =                      |              | or                        | x \$ _____ =              |          |
| Independent claims<br>(37 CFR 1.16(i))  | (C)  | (D)  | * =   | x \$ _____ =                      |              |                           | x \$ _____ =              |          |
| Basic Fee (37 CFR 1.16(h))  |  |  |   | \$ _____                          |              |                           | \$ _____                  |          |
| Total Filing Fee  |  |  |   | \$ _____                          |              |                           | <b>OR</b>                 | \$ _____ |
| <b>Claims as Amended – Part 2</b>   |  |  |   |                                   |              |                           |                           |          |
|   | (1)<br>Claims Remaining<br>After Amendment |  | (2)<br>Highest Number<br>Previously<br>Paid For | (3)<br>Extra<br>Claims<br>Present | Small Entity |                           | Other than a Small Entity |          |
|   |  |  |   |                                   | Rate         | Fee                       |                           | Rate     |
| Total Claims<br>(37 CFR 1.16(j))  | ***  | MINUS  | **  | * =                               | x \$ _____ = |                           | x \$ _____ =              |          |
| Independent<br>Claims (37 CFR<br>1.16(i))   | ***  | MINUS  | *****   | = 0                               | x \$ _____ = | 39.00                     | x \$ _____ =              |          |
| Total Additional Fee  |  |  |   |                                   | \$39.00      |                           | <b>OR</b>                 | \$       |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account Number _____ in the amount of _____.<br/>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number _____.<br/>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>39.00</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center; padding-top: 20px;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="margin-bottom: 10px;"><u>10/8/03</u><br/>Date</p> <p>Registration Number, if applicable _____</p> </div> <div style="width: 45%; text-align: right;"> <p style="margin-bottom: 10px;"><br/>Signature of Applicant, Attorney or Agent of Record</p> <p><u>REY Z MENDOZA</u><br/>Typed or printed name</p> </div> </div> |  |  |   |                                   |              |                           |                           |          |

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